File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319

Fax: 515-281-4073

OR INSTRUCTIONS, SEE BACK OF FORM **DISCLOSURE SUMMARY PAGE**

Parties must be filed electronically.

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed

Effective May 1, 2010, all statements and reports for State PACs and State

1-14-10

Reset Form 2010 JL 20 AH 8: 55 COMMITTEE NAME (Must be same as on Statement of Organization) Leupold For Supervisor FORM IMPORTANT: Indicate by # type of committee you are reporting for: DR-2 (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party DISCLOSURE (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political (Rev. 12/2009) REPORT Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue For Office Use Only CANDIDATE COMMITTEES ONLY: Comm. # Candidate Name Logged In / \ Political Party (if applicable) Scanned Kepublican Computer District (if Senate or House) Audited Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports. 712-336-1415 SIGNATURE OF PERSON FILING REPORT 2010 REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. Indicate by # | ☐CHECK IF AMENDMENT TO REPORT DATED Local Committees, enter Date of Election ☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. 11-2-10 (You must continue to file reports until a DR-3 is filed.) County & Local Committees, enter County in which Election is held STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)\$ ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule H applies to Candidates' Committees Only) SUB-TOTAL....\$ SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)..... Schedule F: Loan Repayments total (Attach Schedule F)..... CASH ON HAND at the end of this reporting period (if final report balance must be zero)\$ **UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$ **OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$ CONSULTANT BREAKDOWN (Schedule G Attached?) CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) 0.00

For Instructions, See Back of Form	Reset Form	SCHEDULE		
CONTRIBUTIONS MONEY TAKEN IN	and additional measures that is allowed and a part of	(Rev. 07/03)	MONETARY	
(Including candidate's personal funds)		(Rev. 07/03)	RECEIPTS	

COMMITTEE NAME	Must be same as on Statement of Organization)	
	ForSupervisor	

A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
é-3-10	ID# CK#	Beverly Berguist 400A Hill Averlue Spirit Lake, Iowa 51360		\$ 25.00	
6-3-10	ID# CK#	Richard Ramsey 12915 253rd Avenue Spirit Lake, Iona 51360		25.00	
6-10-10	ID# CK#	Wayne & Margaret Northey 13750 240th Ave spirit Lake, Iowa 51360		100.00	
6-10-10	ID# CK#	Ken & Doris Ashland 2201 140th Street Spirit Lake, Iona 51360		3 5.00	
6-16-10	ID# CK#	Frank Leupold 2025 West Running Iron Lane Cottonwood, Arizona 86326	Brothen	500.00	
	ID# CK#				
	ID# CK#				
· • • • • • • • • • • • • • • • • • • •	ID# CK#				
	ID# CK#				
-	ID# CK#				
		TOTAL (if last page	SUB-TOTAL	\$ 675	

TOTAL (if last page of this schedule)

(for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Reset Form

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Leupold For Supervisor

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DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5-21-10	ID# CK#	Dickinson County News 3002 18th Street Spirit Lake, Iowa 51360	Election Ad	\$ 34.25
5-24-10	ID# CK#	LBR Enterprises 706 Avenue AE Lake Park, Iowa 5/012	Magnetic Campaign Signs	128,40
6-1-10	ID# CK#	Dickinson County News 3002 18th Street Spirit Lake, Iona 51360	Election Ad	314.40
6-1-10	ID# CK#	Lakes News Shopper P.G. Box 192 Milford, Iowa 51351	Election Ad	172.55
6-10-10	ID# CK#	Dickinson County News 3002 18th Street Spirit Lake, Iowa 51360	Election Ad	54.80
6-28-10	ID# CK#	William C, Leupold 13515 253H Ave. Spirit Lake, Iowa 51360	Payoff debt from Credit Card purchase of Compaign signs	1,811.50
7-8-10	ID# CK#	Lakes News Shopper Po Box 192 Milford, Iowa 51351	"Thank you" Ad	240.40
	ID# CK#			
			SUB-TOTAL	\$ 2.756.30

TOTAL (if last page of this schedule)

\$ 2,756.30 \$ 2,756.30

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail iternized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page	<u> </u>	of			

MMITTEE NAME (Mus	t be same as on Statement of Organization)	RESET	SCHEDULE LO
Leupola	d For Supervisor		(Rev. 02/08) REC & RE
	orts money loaned to the committee which is deposited in		CHECK THIS E
	FROM <u>LAST</u> REPORTING PERIOD \$3,000	0.00	
(Original source	OANS RECEIVED THIS REPORTING PERIOD of loan, such as a bank, must be shown if a third party is	involved. Include loans from cand	fidate's personal funds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable	aMOUNT OF LOAI
			\$
		•	
+		•	
		70711 (0.17)	
RT II - MONETARY L (Loans forgiver	OAN REPAYMENTS MADE <u>THIS</u> REPORTING PERION In must be reported on Schedule E — In-kind Contributions	TOTAL (PART I) D	\$
(Loans forgiver	n must be reported on Schedule E In-kind Contributions NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT REPAID
(Loans forgiver	n must be reported on Schedule E In-kind Contributions	D :.)	AMOUNT REPAID
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(Loans forgiver	n must be reported on Schedule E In-kind Contributions NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT REPAID
(Loans forgiver	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicab)	AMOUNT REPAID
(Loans forgiver	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO	AMOUNT REPAID

making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

Page of (for Schedule F)